

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA) PROGRAM:**

**Offender Treatment Program**

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

**GRANT AWARD NUMBER:** ZO 09 01 0250 **DATE OF SITE VISIT:** 9/14/10

**GRANT PERIOD:** 10/1/09 – 3/31/10

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**RECIPIENT/IMPLEMENTING AGENCY:** County of Modoc / Dept. of Health Services

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**PROJECT DIRECTOR:** Tara Shepherd

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**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Tara Shepherd	Deputy Director, AOD	Dept of Health Services
Juana Sherer	Interim Fiscal Officer	Dept of Health Services
Sondra Tate	Alcohol & Drug Specialist 1	Dept of Health Services

\_\_\_\_\_  
Signature of Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Section Chief

\_\_\_\_\_  
Date

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>1. <u>OPERATIONAL DOCUMENTS</u></b>			
Review hard copy/verify the ability to access on line:			
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

All documents kept in a binder; the grantee is familiar with the Cal EMA website and is able to access documents from the site.

### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the certificate show:			
○ Bonding company's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Grant award number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Form A, Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Form B, Forgery Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

• Does the project have its CEQA documentation on file?(Ask to view)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
○ Certified Exempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

#### 5. ORGANIZATIONAL CHART

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

The grantee was advised by Cal EMA prior to funding that a part time staff for drug testing was not available with AARA funding. A new Organizational Chart eliminating the FTE data should be submitted to Cal EMA.

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] ( <i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.</i> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

A 2-223 will be submitted to modify project objectives referencing the planned activities of the drug testing position. Staff will also submit a 2-223 referencing the fiscal officer and will update project contact information.

#### 7. PERSONNEL POLICIES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include:   |                                     |                          |                          |
| ○ Work hours   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☒ ☐ ☐
  - Resume ☐ ☒ ☐
  - Performance evaluations ☐ ☒ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☐ ☒ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

The agency maintains two personnel files, one to comply with HIPAA requirements. The benefit structure has been approved by the Modoc County Board of Supervisors.

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☐ ☒ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☐ ☒ ☐

Comments:

Time off is retained by the supervisor. Alcohol & Drug Specialists track client time manually and note on their calendars the total number of clients, percentage who are Proposition 36, and time in treatment.

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
Tara Shepherd
  - Name of individual who writes checks.  
Juana Sherer
  - Name of individual(s) who signs checks.  
Darcy Locken, Auditor

Comments:

Sandra Dunn, the fiscal officer for this project, retired. There is a county-wide hiring freeze and Juana Sherer has assumed the routine fiscal responsibilities for this project.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  | YES                                 | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

Hard copies of all expenditures are kept in a binder by the project director and fiscal officer. In addition, the fiscal officer keeps records electronically.

#### 11. PROJECT EXPENDITURES

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

There will be about \$2,000 in excess in operating expenses. The project would like to redirect some of this savings to residential services for OTP participants. This action will require a revision to the goals & objectives.

#### 12. MATCH REQUIREMENTS

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have a match requirement?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

#### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

The Dept. of Health Services does not have an EEO plan, but it has some policies listed on the EEO. These have been submitted to Lisa Abila for review.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☒ ☐ ☐

Comments:

The project director was advised to submit the Cal EMA Form 2-223 to eliminate objectives referring to drug testing as part of the project.

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

We discussed the monthly requirements for the Jobs Data Collection Sheet and the Performance Measurement Tool required by the Bureau of Justice Assistance.

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☐ ☐ ☐

Comments:

Statistics are gathered at the time of reporting and are retained in the client's charts. There are sign-in sheets kept of all trainings. The project director reviews the newspaper for arrest information.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

Objective 1.2 relates to drug testing at the outpatient treatment site. Funding for this objective was denied, and local resources cannot support this service. A 2-223 will be submitted eliminating the objective.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION II – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

YES   NO   N/A

1. Is the project aware that they must provide Cal EMA with a valid Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number?

☒   ☐   ☐

Comments:

2. Is the project aware of the Central Contractor Registry (CCR) requirements?

- ☐ Register with a valid DUNS number; and  
☐ Renew CCR registration yearly for the life of the grant.

☒   ☐   ☐  
☒   ☐   ☐

Comments: The Project Director is aware that their CCR registration must be renewed by November 17, 2010.

3. Does the project understand that they report Section 1512(c) information to Cal EMA and not to FederalReporting.gov directly?
- ☐ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and
- ☐ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3<sup>rd</sup> working day of each month for JAG funded programs and by the 10<sup>th</sup> day of the each month for VOCA or VAWA funded programs.
- ☐ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.

☒   ☐   ☐  
☒   ☐   ☐  
☒   ☐   ☐

Comments:

4. Does the project understand that by accepting the grant award, they agreed to:

- ☐ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and
- ☐ Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.

☒   ☐   ☐  
  
  
  
  
  
  
  
  
  
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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Comments:

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5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

☒ ☐ ☐

Comments:

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6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig).

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Comments:

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7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.

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Comments:

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8. Does the project understand that by accepting the grant award, they:
- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any sub-recipient, contractor, or subcontractor; and
  - Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any sub-recipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

☒ ☐ ☐

☒ ☐ ☐

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

9. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

☐ ☐ ☒

Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports) or
- Minutes of formal meetings where official budget decisions were made.

Comments:

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10. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT);
- PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and
- Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked.

☒ ☐ ☐☒ ☐ ☐☒ ☐ ☐

***(Specific to Recovery JAG funded programs only).***

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION III – ADDITIONAL COMMENTS:

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#### NOTES:

On 9/14/10, I met with Tara Shepherd, Juana Sherer and Sondra Tate at the Offender Treatment Program in Modoc County. The project staff appeared to understand CalEMA and OTP grant guidelines.

The following items were noted during the visit:

#### **Grant Award Modification (2-223)**

The grantee is submitting a Grant Award Modification (2-223) to cover the following items:

Section I #5 – The organizational chart should be updated deleting the part-time positions for drug testing.

Section I #6 – The project will modify the objective 1.2. The funding for this position was denied and the county was unable to implement drug testing.

Section I #6 – There was a change in key personnel when the financial officer for the project retired. The project will submit a 2-223 and update the Project Contact Information Sheet.

Section I #11 – There will be an excess of about \$2,000 operating expenses. The project would like to redirect some of this savings to residential services for OTP participants. If a decision is made to redirect the funds, this activity must be included in Section 2 of the goals & objectives. The grant period will not be extended and it will not be possible to expend funds after that date.

#### **Functional Time Sheets**

Section I #8 – Currently, the grant funds two Alcohol & Drug Specialist, half-time. They do not keep functional time sheets and there has been no time study allocation. The time they spend is documented in the client files. Modoc AOD uses substitute systems for allocating salaries and wages which, according to OMB Circular A-87, can include case counts. A percentage of the counselor's OTP outpatient case load is taken as documentation of charging that same percentage of salaries and benefits to the grant. Tara Shepherd has relayed this information to Taunya Joseph for her approval.

#### **EEO Plan**

Section I #13 – There are fewer than 50 employees which allows the county to fill out a Certification Form, (OMB 1121-0140) and declare a complete exemption from the EEOP requirement. This form was forwarded to the project director on 9/21/10 for submission to Cal EMA and to the Office for Civil Rights at [www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr). Either the EEOP requirements or the OMB 1121-0140 shall be submitted to CalEMA within 30 days of the date of this report.

All requested information should be submitted to Cal EMA Program Specialist Tauyna Joseph.